

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000005747

1. Entity Name
R2 PROPERTY COMPANY LTD., INC.



FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90089 005 ***150.00

Principal Place of Business
1760 CLEARWATER-LARGO ROAD
STE #40
CLEARWATER, FL 34616 US

Mailing Address
10266 51ST AVE NO
ST PETERSBURG, FL 33708 US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03112005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3354336

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHADOWENS, JUNE P
10266 51 AVE. N.
~~SUITE 170~~
SAINT PETERSBURG, FL 33708

7. Name and Address of New Registered Agent

Name June Shadowens
Street Address (P.O. Box Number is Not Acceptable)
10266 51 Ave - N.
City St. Petersburg FL Zip Code 33708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE 3-15-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHADOWENS, JEFF D	
STREET ADDRESS	10266 51ST AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHADOWENS, JUNE P	
STREET ADDRESS	10266 51ST AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-15-05 727 393 5033
Daytime Phone #